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PTO/SB/01 (12-97)
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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

First Named Inventor

Gill

COMPLETE IF KNOWN

Application Number 09 / 143,279

Filing Date August 28, 1998

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROCESS AND SYSTEM FOR THE VISUAL DEPICTION OF A COMBINATION
OF PROCESS COLORS AND SPOT COLORS ON A RADIANT LIGHT SOURCE

the specification of which (Title of the Invention)

☐ is attached hereto
OR

☐ was filed on (MM/DD/YYYY) August 28, 1998 as United States Application Number or PCT International

Application Number 143,279 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

Name	Registration Number	Name	Registration Number
Glenn L. Webb	32,668		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label

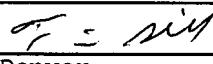
OR ☒ Correspondence address below

Name	Glenn L. Webb				
Address	P.O. Box 951				
Address					
City	Conifer	State	CO	ZIP	80433
Country	US	Telephone	(303) 838-8610	Fax	(303) 838-0679

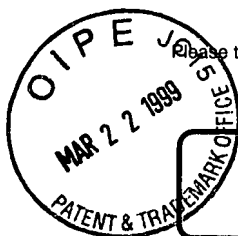
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname					
Timothy		Gill					
Inventor's Signature			Date	2/2/99			
Residence: City	Denver	State	CO	Country	US	Citizenship	US
Post Office Address	1800 Grant Street						
Post Office Address							
City	Denver	State	CO	ZIP	80203	Country	US

☒ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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DECLARATION

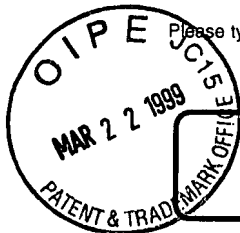
ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 3 of 3

Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Matthew				Phillips			
Inventor's Signature	<i>Matthew Phillips</i>					Date	2/16/1999
Residence: City	Aurora ^{MSP} Mill Creek	State	WA ^{MSP}	Country	US	Citizenship	US
Post Office Address	12334 E. Bates Circle ^{MSP} 16223 33rd Ave S.E.						
Post Office Address							
City	Aurora ^{MSP} Mill Creek	State	WA ^{MSP}	ZIP	98012 ^{MSP}	Country	US
Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Parviz				Banki			
Inventor's Signature						Date	
Residence: City	Aurora	State	CO	Country	US	Citizenship	
Post Office Address	1582 S. Jamaica St.						
Post Office Address							
City	Aurora	State	CO	ZIP	80012	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 3

Name of Additional Joint Inventor, if any:				<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Matthew				Phillips			
Inventor's Signature				Date			
Residence: City		State	CO	Country		US	Citizenship
Post Office Address		12324 E. Bates Circle					
Post Office Address							
City		State	CO	ZIP		80014	Country
						US	
Name of Additional Joint Inventor, if any:				<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Parviz				Banki			
Inventor's Signature		<i>Parviz Banki</i>		Date		2/16/99	
Residence: City		State	WA	Country		US	Citizenship
Post Office Address		1582 S. Jamaica St 19239 SE 27th PL					
Post Office Address							
City		State	WA	ZIP		80012	Country
						98027	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country			Citizenship
Post Office Address							
Post Office Address							
City		State		ZIP			Country

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